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AUSTIN TX 78767-0398 Ashley Reed (Depositor's name) (Signature) (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/660,155 09/22/2003 Charles Gordon 5943-00200/EBM 4955 TITLE OF INVENTION: ARTIFICIAL FUNCTIONAL SPINAL UNIT ASSEMBLIES APPLN, TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE \$1,020.00 \$720.00 \$300.00 nonprovisional Yes 11/08/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS 3738 623-017110 Isabella, David J. 1. Change of correspondence address or indication of "Fee 2. For printing on the patent front page, Address" (37 CFR 1.363). 1 Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. (1) the names of up to 3 registered patent ☐ Change of correspondence address (or Change of 2 Eric B. Meyertons attorneys or agents OR, alternatively, Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) ☐ "Fee Address" indication (or "Fee Address" Indication form and the names of up to 2 registered PTO/SB/47; Rev 03-02 or more recent) attached. Use of a patent attorneys or agents. If no name is Customer Number is required. listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) - PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE: (B) RESIDENCE (CITY & STATE OR COUNTRY): Flexuspine, Inc. Tyler, Texas Please check the appropriate assignee category indicated below (will not be printed on the patent): 🗋 individual 🛮 corporation or other private group entity 🗎 government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are enclosed: A fee authorization in the amount of the fee(s) is enclosed. ☑ Issue Fee ☑ Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 5 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-1505/5943-00200/EBM* (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 C R 1.27 ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2) The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to reapply any previously paid issue fee to the application identified above.

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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